UNITED STATES DISTRICT COURT DISTRICT OF OREGON

MEM	IORY IN	TEGRITY	II C.		Civil Case No. 3:15-cv-00262-SI					
v.		tiff(s),			APPLICATION ADMISSION – A					
	L CORP	ORATION	١,	,						
	Defen	idant(s).								
	Attorr	ney <u>Maris</u>	sa A. Lalli	Makan	reques	sts special adn	nission <i>pr</i>	o hac vice in		
the at	ove-cap	tioned cas	se.							
				o Hac Vice Admission the following info			nderstand	the		
	(1)	PERSO	ONAL DATA:							
		Name:	Lalli	Marissa	ı		Α			
			(Last Name)	(First Na			(MI)	(Suffix)		
		Firm or	Business Affil	iation: Wilmer Cutler	Pickerin	g Hale and D	orr LLP			
			g Address:	60 State Street						
		City: Boston		S	tate: MA	MA Zip: 02109				
		•		526-6000	F:	Fax Number: (617) 526-5000				
		Business E-mail Address: marissa.lalli@wilmerhale.com								

United States Court of Appeals, First Circuit, 2/2/2012, 1151377 United States District Court, District of MA, 3/20/2012, 681516 CERTIFICATION OF DISCIPLINARY ACTIONS: (a) I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or	BAR ADMISSIONS INFORMATION:							
(b) Other federal court admission(s), date(s) of admission, and bar ID number(s): United States Court of Appeals, First Circuit, 2/2/2012, 1151377 United States District Court, District of MA, 3/20/2012, 681516 CERTIFICATION OF DISCIPLINARY ACTIONS: (a) ☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or (b) ☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including an appeal proceedings. REPRESENTATION STATEMENT: I am representing the following party(s) in this case:	(a)							
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CERTIFICATION OF DISCIPLINARY ACTIONS: (a) ☐ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or (b) ☐ I am now or have been subject to disciplinary action from a state or federal bassociation. (See attached letter of explanation.) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including an appeal proceedings. REPRESENTATION STATEMENT: I am representing the following party(s) in this case:	(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): United States Court of Appeals, First Circuit, 2/2/2012, 1151377						
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	RE	PRESENTATION STATEMENT:						
Defendant Intel Corporation								
	Def							

	(6)	CM/ECF REC	GISTRATION	:				
		become a regis (See the Court's	tered user of the website at ord	e Court's (c vice application, I a Case Management/Egov), and I consent tall Rules of the District	lectronic C o electronic	ase File sy service p	ystem.
	DAT	ED this <u>1st</u>	_ day of Febru	ıary	Signature of Pro Has Com Marissa A. Lalli (Typed Name)	Lul nsel)	<u></u>	
		TION OF ASSO				,	1 1 .	11
I certify require	/ that I ments	am a member in of LR 83-3, and the	good standing hat I will serve	of the bar of as designa	of this Court, that I hat I ha	iave read ar this particu	ld underst	and the
	DAT	ED this 1st	day of Febr	ruary, 201	16			
					/s/ Renee E. Roth	iauge		
					(Signature of Local Counse	el)		
Name:	Rotha	auge		Renee			E	
	(Last N	ame)		(First Nan	ne)	(MI) (Suffix)		
Oregon	State	Bar Number: 90	3712				····	
Firm or	Busin	ness Affiliation: $\frac{N}{N}$	farkowitz Herb	old PC				
		ess: 1211 SW Fit	fth Avenue, Su	ite 3000				
City: P					_ State: OR		97204	
Phone 1	Numbe	er: (503) 295-308	35	Busin	ess E-mail Address:	ReneeRot	hauge@N	//arkow <u>it</u>
			CO	OURT AC	TION			
	DAT		plication denie	d.	t to payment of fees. , Judge			